OBSTETRICS

UNDER THE CHARGE OF

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Attempted Abortion in the Absence of Uterine Pregnancy.—STEIN (*Am. Jour. of Obstetrics*) reports several cases in which a patient was supposed to be pregnant and an attempt made to secure abortion. Various means were used: in one a stick of alum was inserted into the uterus, followed by chill, fever, infection, and death; in another, intra-uterine injections were given, followed by parametritis. In another case cited an attempt to push a blunt, irrigating tube into the uterus caused rupture in the deeper portion of the vagina. The wound was sufficiently extensive to require suture, after which the patient recovered. Catheters, douches, tubes, and other rod-like bodies have been repeatedly used for this purpose. Injections of bichloride of mercury have been employed, leading to fatal bichloride poisoning. Portions of catheters and tubes have been broken off and retained. It is impossible to secure an accurate account of these cases, but there are reported between 30 and 40. The laws of several continental countries punish attempted, unaccomplished abortion with imprisonment from some months to a year. In other communities the actual performance of abortion is considered the criminal element.

The Kangaroo Walk in the Management of Puerperal Retroversion.—BECK (*Am. Jour. of Obstetrics*) states that up to a year ago from 20 to 25 per cent. of hospital cases returned to the postpartum clinic with retroverted uteri. In the maternity wards the usual measures were taken to prevent this condition. At the end of the second week examination usually revealed no tendency toward retroversion, but one woman out of every four or five who returned to the clinic a month after discharge had a retroverted uterus. From this it was inferred that many cases became retroverted after going home. To obviate this what was called the kangaroo walk was instituted. This consisted of walking on the palms of the hands and on the feet, with the knees held as stiffly as possible; all constriction of the abdomen by corset or skirt bands was removed and high shoes could not be worn. Accordingly, these exercises were taken before the patient was dressed for the street. This was begun on the ninth day after delivery, and finally was increased until the patient walked five minutes in the morning and five minutes at night. Examination during the later part of the second week of the puerperal period showed that with the patient in this position the fundus falls forward and out of the pelvis, resting on the abdominal wall a little above the symphysis. The cervix is carried posteriorly and moves slightly with each step. There is a distinct lateral rocking of the pelvis, and, as the result of this, involution is stimulated and the tendency toward retroversion markedly lessened. Of 82 cases less than 10 per cent. had

retroverted uteri. Three of these 8 cases stated that they had carried out the exercises for sixteen days or more after leaving the hospital; 2 continued for six days, and the remaining 3 stopped in less than six days after their discharge. The remainder of the 82 had carried out the treatment faithfully, and with the best possible results. Involution proceeds far better with this treatment than in ordinary cases.

Phenol Excretin in the Urine of the Newborn.—MOORE (*American Journal Diseases of Children*) in a series of 15 infants found that the phenol excretion in proportion to the body weight is less in breast-fed than in artifficially fed infants. There is, in infants and in adults, a relation between the total phenol excretion and the amount of proteid taken into the body as measured by the total nitrogen excreted in the uterine. Recent investigations show that phenol is quantitatively present in the urine of every newborn infant. The average of 19 cases was 11.2 mg. for the first two days of life. As this is a period of starvation the phenol must originate in part through endogenous metabolism.

Postpartum Hemorrhage.—RICE contributes a paper upon this subject based upon his experience at the Manhattan Maternity of New York City. In 13,000 deliveries there was postpartum hemorrhage in 222 cases, 1 in 58. Among these there were 4 deaths, laceration of the cervix caused hemorrhage in 8 cases not associated with placenta previa. In 3 of these it was necessary to apply suture; the others were treated by hot vaginal douches. In 2 cases of rupture of the uterus the extent of the laceration into the broad ligament was not recognized and packing was used instead of suture. In cases where hemorrhage is due to laceration of the cervix, this fact should be ascertained as soon as possible, and sutures promptly inserted. If the tear has invaded the broad ligament, packing will not control it. In 1 case of laceration of the perineum and 1 of laceration involving the veins of the vestibule, there was profuse hemorrhage until sutures were applied. Prolonged labor, deep anesthesia with chloroform, and shock in operation predispose to hemorrhage. Local causes are substances retained within the uterus, as placenta, membranes or clots. Adherent placenta due to chronic endometritis may cause postpartum hemorrhage, and in these cases the placenta is partly adherent, leaving open sinuses in an operation of the uterine wall. A fragment of retained placenta, no matter how small, may cause hemorrhage even late in the puerperal period, and in one case hemorrhage was so severe as to be nearly fatal on the seventh day. Retained membranes are less important than retained placenta, and the chorion is much more apt to give trouble than the amnion or decidua. When the placenta is delivered too soon the membranes become separated and retained. "Hour-glass contraction" of the uterus is usually caused by improper efforts to deliver the placenta, and rarely occurs under good management. Twins, hydramnios and fibroids occasionally cause postpartum hemorrhage. The most severe form of postpartum bleeding occurs in placenta previa. In 57 out of 75 cases postpartum hemorrhage was present. While in many patients the blood comes from the placental site, in the majority of cases the cervix is torn sufficiently to cause bleeding. As the tear is through a portion of the uterus where there